

SPECIFY # OF FORMS NEEDED		FORM NUMBER AND TITLE		STATE USE ONLY	MAILING INSTRUCTIONS <i>Mail original and one copy to:</i>
E	S				
		LIC 183A	Forms Request (Adult Facilities Only)		<b>CDSS Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>
		LIC 308	Designation of Administrative Responsibility		
		LIC 309	Administrative Organization		
		LIC 400	Affidavit Regarding Client/Resident Cash Resources		
		LIC 405	Record of Client's/Resident's Safeguarded Cash Resources		
		LIC 424	Accounting Record for Change of Licensee		PROCESS CODE KEY
		LIC 500	Personnel Report		
		LIC 501	Personnel Record		D — Cannot Identify
		LIC 503	Health Screening Report - Facility Personnel		
		LIC 507	Facilities Staff Work Schedule		E — Should not have been on this request
		LIC 508	Criminal Record Statement		
		LIC 601	Identification and Emergency Information		F — Not supplied in warehouse
		LIC 602	Physician's Report For Community Care Facilities		
		LIC 602A	Physicians Report for Residential Care Facilities For the Elderly		G — Stock low, Reorder when needed
		LIC 603	Preplacement Appraisal Information		
		LIC 603A	Resident Appraisal-Residential Care Facilities For the Elderly		H — Item obsolete
		LIC 604	Admission Agreement Guide-Residential Facilities		
		LIC 604A	Admission Agreement Guide-Residential Care Facilities For the Elderly		I — Out of stock - reorder in 30 days
		LIC 605A	Release of Client/Resident Medical Information		
		LIC 610	Emergency Disaster Plan for RCFE, CCF and CDCC		
		LIC 613	Personal Rights (CCF & RCFE)		*Call licensing agency for ordering instructions.
		LIC 618	Client Weight Record		
		LIC 621	Client/Resident Personal Property and Valuables		DATE RECEIVED
		LIC 622	Centrally Stored Medication and Destruction Record		FILLED B Y DATE
		LIC 624	Unusual Incident/Injury Report		PACKAGED BY DATE
		LIC 624A	Death Report		
		LIC 625	Appraisal/Needs and Services Plan		PIECES WEIGHT
		LIC 627	Consent for Medical Treatment		
		LIC 627A	Consent to a Medical Examination		VIA: B/L
		LIC 9020	Roster of Facility Clients/Residents		DATE: BY
		LIC 9054	Local Fire Inspection Authority Information Required by DSS		
		LIC 9058	Applicant/Licensee Rights and Appeal Procedure		
		LIC 9060	Resident Theft and Loss Record		
		LIC 9105	Resident Request: Health-Condition Relocation Review - RCFE		
		LIC 9105A	Health Condition Relocation Order Review - Adult CCF's		
		LIC 9158	Telecommunications Device Notification Form		
		BID 7A	Fingerprint Card (For County Licensed Facilities Only)		
		BID 7A	Instructions (For County Licensed Facilities Only)		
		BID 7B	Fingerprint Card (For State Licensed Facilities Only)		CUSTOMER'S PHONE NUMBER
		BID 7B	Instructions (For State Licensed Facilities Only)		

PLEASE PROVIDE YOUR STREET MAILING ADDRESS BELOW DO NOT USE POST OFFICE BOX

PROVIDE YOUR STREET MAILING ADDRESS BELOW DO NOT USE

TO \_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Facility Address

\_\_\_\_\_  
City State Zip

Check One  
Licensed By: ☐ STATE ☐ COUNTY

Date \_\_\_\_\_

CUSTOMER'S PHONE NUMBER

LIC 183A (2/99)

**Mail original and one copy. Retain third copy for your records.**